

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2017	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 635 OAKHILL AVE PLYMOUTH, IN 46563			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00217662 and IN000217863.</p> <p>Complaint IN00217662 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00217863 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: January 17, 18, 19, 20, 23, & 24, 2017.</p> <p>Facility number: 00041 Provider number: 155102 AIM number: 100275400</p> <p>Census bed type: SNF/NF: 78 SNF: 6 Total: 84</p> <p>Census payor type: Medicare: 14 Medicaid: 57 Other: 13 Total: 84</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC</p>			F 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0242 SS=D Bldg. 00	<p>16.2-3.1.</p> <p>Quality Review was completed by 31873 on Janaury 27, 2017.</p> <p>483.10(f)(1)-(3) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>Based on interview, observation and record review, the facility failed to ensure bathing preferences were offered and followed for 3 of 4 residents. (Resident #148, Resident #149 & Resident #150)</p> <p>Findings include:</p> <p>1. Resident #148's clinical record was reviewed on 1/24/2017 at 10:00 A.M. and indicated the resident was admitted to the facility on 1/13/17. His diagnoses included but were not limited to malignant neoplasm of urinary organ, hypertension, and osteoarthritis. The</p>			F 0242	<p>This facility respectfully requests consideration for Paper Compliance for this Plan of Correction due to the low number of deficiencies & the low scope & severity related to each deficiency.</p> <p>F242: It is the policy of Miller's Merry Manor that all residents have the right to choose activities, schedules, & health care consistent with his or her interests & to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>All bathing preferences for residents #148, #149 & #150</p>		02/23/2017

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	<p>resident's admission Minimum Data Set (MDS) assessment, dated 1/20/2017, indicated a Brief Interview for Mental Status (BIMS) score of 11, slightly cognitively impaired.</p> <p>Care plan for preferences, dated 1/19/2017, indicated the resident expressed it was important to him to choose between shower, tub, bed, or sponge bath. The interventions included but were not limited to resident preference for bathing was shower and no preference for bathing frequency or time of day.</p> <p>During an interview on 1/18/2017 at 9:15 A.M., Resident #148 indicated he had not had a shower since he has been here. He indicated staff used warm clothes to wipe off his body and no one had offered him a shower or discussed time of day preference for bathing with him.</p> <p>A "SKILLED SHOWER SCHEDULE" provided by the (Director of Nursing) DON on 1/19/2017 at 12:40 P.M., indicated Resident #148's scheduled shower days were on Wednesday and Saturday evenings.</p> <p>During an interview on 1/19/2017 2:44 P.M., the DON indicated 6 days after</p>		<p>have been updated in their care plan & have been communicated with facility staff to ensure that their preferences are honored going forward.</p> <p>All residents have the potential to be affected. A facility audit will be conducted by 2/23/17 using the "Preferences for Customary Routing and Activities" form (Attachment A) to ensure that current bathing & shower preferences for all facility residents are recorded accurately.</p> <p>We will use the "Preferences for Customary Routine and Activities" form (Attachment A) in the future upon admission, annually & with any significant changes, to ensure that resident bathing & shower preferences are recorded & honored in the future. Resident preferences will also be discussed with residents during regularly scheduled care plan meetings quarterly, annually & as needed.</p> <p>To ensure future compliance, the Social Services Director, or designee, will conduct a random audit of 10 residents monthly for the first 3 months, then quarterly thereafter. Any concerns found will be addressed immediately & will be logged on a QA/QI summary log. All audit results will be reviewed in the facility Quality Assurance Program ongoing.</p>				

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	<p>admission is unacceptable for length of time to go without a shower.</p> <p>During an interview on 1/20/2017 at 10:04 A.M., the unit manager (UM) indicated shower days are determined by room numbers.</p> <p>2. Resident #149's clinical record was reviewed on 1/24/2017 at 10:30 A.M. and indicated the resident was admitted to the facility on 1/15/17. Her diagnoses included but were not limited to anxiety, hypertension, and hyperlipidemia. The resident's admission Minimum Data Set (MDS) assessment, dated 1/22/2017, indicated a Brief Interview for Mental Status (BIMS) score of 15, no cognitive impairment.</p> <p>Care plan for preferences, dated 1/17/2017, indicated that resident expressed it was important to her to choose between shower, tub, bed, or sponge bath. The interventions included but were not limited to resident preference for bathing was shower and no preference for bathing frequency or time of day.</p> <p>During an interview on 1/18/2017 at 10:07 A.M., Resident #149 indicated she has not had a shower since admission and no one had discussed with her the options</p>						

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	<p>of showers, tub bath, or bed bath.</p> <p>During an interview on 1/19/2017 at 12:36 P.M., the DON indicated showers are done according to rooms.</p> <p>A "SKILLED SHOWER SCHEDULE" provided by the DON on 1/19/2017 at 12:40 P.M., indicated Resident #149's scheduled shower days where on Monday and Thursday evenings.</p> <p>During an interview on 1/19/2017 12:39 P.M., Certified Nursing Assistant (CNA) #3 indicated therapy evaluations are done prior to residents being placed on shower schedule. He indicated Resident #149 was on evening schedule.</p> <p>During an interview on 1/19/2017 2:30 P.M., Resident #149 indicated her preference was to take shower in the morning because she doesn't like going to bed with a wet head.</p> <p>3. Resident #150 clinical record was reviewed on 1/18/2017 at 10:30 A.M. and indicated the resident was admitted to the facility on 12/28/2016. Her diagnoses included but were not limited to congestive heart failure, hypertension, and chronic obstructive pulmonary disease. The resident's admission Minimum Data Set (MDS) assessment,</p>						

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	<p>dated 1/04/2017, indicated a Brief Interview for Mental Status (BIMS) score of 15, no cognitive impairment.</p> <p>During an interview on 01/18/2017 at 1:50 P.M., Resident #150 indicated she did not know that a tub was available for bathing, and if she had known bathing in a tub was a choice, she would have used the tub.</p> <p>During an interview on 1/18/2017 at 2:10 P.M., the Administrator (ADM) indicated that tubs were available in facility but he was unaware of the condition of tubs.</p> <p>A policy was provided by the DON on 1/20/17 at 2:00 P.M., titled "Bathing", updated 5/31/2006, and indicated this was the policy currently used by the facility. The policy indicated "...B. Consideration is given to a resident preference and condition when determining the type, time, and frequency of bathing. Residents may choose to bathe before bedtime or in the morning, according to habits their habits before entering the long term care facility. Types of baths include: complete bed bath, partial bed bath, tub bath, and shower..."</p> <p>3.1-3(u)(1)</p>						

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F 0257 SS=D Bldg. 00	<p>483.10(i)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS (i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81 degrees F. Based on observation and interview, the facility failed to ensure a shower room was at a comfortable temperature for 1 of 35 residents reviewed for comfortable temperatures. (Resident #94)</p> <p>Findings include:</p> <p>During an interview on 1/18/2017 at 2:34 P.M., Resident #94 indicated the shower room on unit ICF3 was cold.</p> <p>During an observation on 1/23/2017 at 2:07 P.M., the Maintenance Director took a temperature reading of the shower room on the ICF3 unit and he indicated the temperature was 69.4 degrees.</p> <p>During an interview on 1/23/2017 at 2:07 P.M., Employee #20 and Employee #21 both indicated the shower room on ICF3 unit was at an uncomfortable temperature for residents to shower.</p> <p>A policy was provided by the Administrator on 1/24/2017 at 10:00 A.M., titled "ISDH Nurse Aide Training Instructor Manual", dated 5/31/2006, and</p>			F 0257	<p>F257: It is the policy of Miller's Merry Manor that all residents will have the ability to have a shower or bath in a shower room at a comfortable temperature within 71 & 81 degrees Fahrenheit.</p> <p>All residents affected have the potential to be affected. The thermostat that controls the shower room on the ICF 3 unit was turned up on 1/23/17 by the Maintenance Supervisor to a temperature that was between a temperature of 71 & 81 degrees Fahrenheit. Furthermore, all shower rooms were checked to ensure that temperatures are in the appropriate range. The Maintenance Supervisor, or designee, will conduct temperature checks in the ICF 3 unit shower room, as well as in all facility shower rooms, 3 times per week for 4 weeks, then 1 time per week thereafter, using the "Shower Room Temperature Audit Tool" (Attachment C). Any concerns found will be addressed immediately & will be logged on a QA/QI summary log. All audit results will be reviewed in the facility Quality Assurance Program ongoing to ensure future compliance.</p>		02/23/2017

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F 0329 SS=D Bldg. 00	<p>indicated this was the policy currently used by the facility. The policy indicated "...2. Temperature: The residents condition and preferences should determine the appropriate temperature...."</p> <p>3.1-19(h)</p> <p>483.45(d) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS (d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used--</p> <p>(1) In excessive dose (including duplicate drug therapy); or</p> <p>(2) For excessive duration; or</p> <p>(3) Without adequate monitoring; or</p> <p>(4) Without adequate indications for its use; or</p> <p>(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>Based on interview and record review, the facility failed to ensure an adequate</p>			F 0329	F329: It is the policy of Miller's Merry Manor, Plymouth that each resident's drug regimen is free		02/23/2017

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	<p>indication for the use of Macrobid (an antibiotic) for 1 of 5 residents reviewed for unnecessary medications. (Resident #95)</p> <p>Findings include:</p> <p>A clinical record review was conducted on 1/19/2017 at 12:38 P.M., and indicated Resident #95 was admitted on 6/2/2016. Her diagnoses included but were not limited to: dementia with behavioral disturbance, diabetes mellitus, anemia, insomnia, and dysphagia.</p> <p>A physician order, dated 8/4/2016, indicated Resident #95 was prescribed Macrobid (an antibiotic used for urinary tract infections) 100 milligrams for prophylactic use related to urinary tract infections.</p> <p>A review of Resident #95's medical record indicated a urinalysis was not completed prior to initiating Macrobid.</p> <p>A review of Resident #95's medical record indicated no documentation of any urinary tract infection signs or symptoms.</p> <p>During an interview on 1/20/2017 at 10:31 A.M, the Director of Nursing indicated she would expect a resident to show signs or symptoms along with a</p>				<p>from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose, without adequate indication for use, or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combination of reasons. Resident #95 had their antibiotic discontinued as of 1/25/17. All residents who are receiving prophylactic antibiotics are at risk to be affected. The facility will review all residents who are currently on prophylactic antibiotics to ensure that this remains appropriate and necessary documentation is present on the clinical record to support its use. Staff will be re-educated on utilizing the SBAR on or before 2/23/2017 as well as educating staff on use of prophylactic antibiotic use. New orders will be reviewed daily, Monday through Friday, by the DON, or designee, to ensure appropriate diagnoses in place for medication use. To ensure ongoing compliance, the DON, or designee, will complete the Quality Assessment tool "Prophylactic Antibiotic monitoring" (Attachment D). This tool will be completed monthly for 3 months & then quarterly thereafter. Any issues identified will be addressed immediately and logged on the "Quality Improvement Summary Log"</p>		

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F 0441 SS=E Bldg. 00	<p>positive urinalysis, before the initiation of an antibiotic.</p> <p>On 1/20/2017 at 11:00 A.M., a policy was requested and one was not provided.</p> <p>3.1-48(a)(4)</p> <p>483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2);</p> <p>(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or</p>			<p>(Attachment E). The summary log will be reviewed & updated as needed in monthly facility Quality Assurance meeting to ensure future compliance ongoing.</p>			

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	<p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>(f) Annual review. The facility will conduct an annual review of its IPCP and update</p>						

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	<p>their program, as necessary.</p> <p>Based on observation and interview, the facility failed to transport clean linens in a sanitary manner on 3 of 4 units (ICF, Terrace and Orchard Wing).</p> <p>Finding includes:</p> <p>During a random observation on 1/20/17 at 9:24 A.M., the Housekeeping Supervisor was pushing a linen cart with residents' clothing. The clothing was covered on top with a white sheet but it did not fully cover the clothing on the ends. The Housekeeping Supervisor grabbed some of the clothing from the cart, held them against her scrub top and entered Room 29. She exited Room 29, grabbed some of the clothing from the cart which brushed against her scrub top, and entered Room 31. She exited Room 31 without clothing.</p> <p>During an interview on 1/20/17 at 9:26 A.M., the Housekeeping Supervisor indicated the clothing was covered by a sheet for infection control, but the sheet did not fully cover all of the clothing. She indicated clean linens should not touch scrub tops because "you never know what could be on it".</p> <p>During a random observation on 1/20/17 at 9:30 A.M., the Housekeeping</p>			F 0441	<p>F441: It is the policy of Miller's Merry Manor to have an infection prevention & control system for linens & resident clothing that helps to prevent the spread of infection.</p> <p>All residents have the potential to be affected.</p> <p>A new clothing & linen distribution cart was purchased on 1/23/17 & was delivered on 1/25/17 to replace the previous cart used to assist with the transportation of clothing & linens (Attachment F). All laundry staff who deliver clothing & linens have been in-serviced re: the arrival of the new clothing & linen distribution cart. All laundry staff were in-serviced re: the proper technique to deliver clothing & linens to resident rooms, linen closets, etc.</p> <p>To ensure future compliance, the Administrator, or designee, will complete a random audit of laundry staff while they deliver clothing & linens using the "General Observations of the Facility Review" form (Attachment G) weekly for 4 weeks, then monthly for 3 months, & then quarterly thereafter. Any identified issues will be immediately addressed & will be logged on a QI/QA summary log. All audit results will be reviewed in the facility Quality Assurance Program ongoing.</p>		02/23/2017

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	<p>Supervisor pushed the linen cart with residents' clothing down the hallway with a white sheet covering the top of the clothing, but it did not fully cover the clothing on the ends. She entered the Terrace unit with the same linen cart and began to distribute laundry.</p> <p>On 1/20/17 at 10:06 A.M., the Housekeeping Supervisor provided the policy titled "Linen Handling," dated 11/10/16, and indicated the policy was the one currently used by the facility. The policy indicated "...1. Policy: Linens and laundry are handled in a manner to prevent the spread of infection and/or contamination. 2. Guidelines... B. Clean linens and resident personal clothing are placed on linen carts and covered prior to transport from the laundry area to patient care areas. C. Clean linens... and patient clothing is transferred from the linen cart to the linen closet(s)/resident closets on the nursing units by laundry personnel. This cart must remain covered when transporting down hallway's [sic], and after laundry has been removed. D. Resident's personal clothing and laundry is to be transported from the laundry area on a covered cart. The cart must be covered from room to room. Delivery of personal clothing from the cart to the resident closet is a clean procedure and special</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155102		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/24/2017	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 635 OAKHILL AVE PLYMOUTH, IN 46563			
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R 0000 Bldg. 00	<p>care must be made to prevent clothing from coming in contact with the laundry personnel's uniform... F. All linen, house or personal should not be held against a staff member's uniform during transport or delivery...."</p> <p>During a random observation on 1/23/17 at 11:09 A.M., the Housekeeping Supervisor was on the Orchard Wing unit with a linen cart that was not covered on ends or on the bottom.</p> <p>During an interview on 1/23/17 at 11:09 A.M., the Housekeeping Supervisor indicated towels had been transported on the bottom shelf and indicated the sheet covering the cart did not fully cover all of the clothing.</p> <p>During an interview on 1/23/17 at 11:18 A.M., the Administrator indicated he had observed the linen cart and the clean linen was not fully covered. He indicated that was how they had transported laundry for many years, but he would now be taking the cart out of inventory.</p> <p>3.1-19(g)</p>						

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	<p>This visit was for a State Residential Licensure Survey.</p> <p>Residential census: 0</p> <p>Sample: 0</p> <p>Miller's Merry Manor - Plymouth was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>			R 0000			